



IFW \$

AMENDMENT TRANSMITTAL LETTER

Docket No.
M4065.0388/P388-BApplication No.
10/775,231-Conf. #1009Filing Date
February 11, 2004Examiner
D. LamArt Unit
2818

Applicant(s): Scot M. Graham et al.

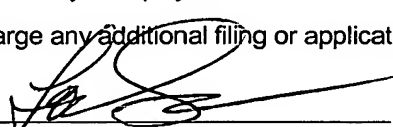
Invention: BALANCED SENSE AMP CONTROL FOR OPEN DIGIT LINE ARCHITECTURE MEMORY DEVICES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 20 =		x	0.00
Independent Claims	4	- 4 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Terminal Disclaimer					\$110.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					\$110.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1073
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Thomas J. D'Amico
Attorney Reg. No.: 28,371

Dated: July 1, 2004

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L Street NW
Washington, DC 20037-1526
(202) 828-2232



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/775,231-Conf. #1009
		Filing Date	February 11, 2004
		First Named Inventor	Scot M. Graham
		Examiner Name	D. Lam
		Art Unit	2818
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	M4065.0388/P388-B
TOTAL AMOUNT OF PAYMENT (\$) 110.00			

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number: 04-1073			
Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP			
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION																											
1. BASIC FILING FEE																											
<table border="1" style="width:100%"><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td></tr><tr><td>1001 770</td><td>2001 385</td></tr><tr><td>1002 340</td><td>2002 170</td></tr><tr><td>1003 530</td><td>2003 265</td></tr><tr><td>1004 770</td><td>2004 385</td></tr><tr><td>1005 160</td><td>2005 80</td></tr></table>	Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1001 770	2001 385	1002 340	2002 170	1003 530	2003 265	1004 770	2004 385	1005 160	2005 80	<table border="1" style="width:100%"><tr><th>Fee Description</th><th>Fee Paid</th></tr><tr><td>Utility filing fee</td><td></td></tr><tr><td>Design filing fee</td><td></td></tr><tr><td>Plant filing fee</td><td></td></tr><tr><td>Reissue filing fee</td><td></td></tr><tr><td>Provisional filing fee</td><td></td></tr></table>	Fee Description	Fee Paid	Utility filing fee		Design filing fee		Plant filing fee		Reissue filing fee		Provisional filing fee	
Large Entity	Small Entity																										
Fee Code (\$)	Fee Code (\$)																										
1001 770	2001 385																										
1002 340	2002 170																										
1003 530	2003 265																										
1004 770	2004 385																										
1005 160	2005 80																										
Fee Description	Fee Paid																										
Utility filing fee																											
Design filing fee																											
Plant filing fee																											
Reissue filing fee																											
Provisional filing fee																											
SUBTOTAL (1) (\$) 0.00																											

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																											
Total Claims 11 -20** = <input type="text"/> x <input type="text"/> = 0.00																											
Independent Claims 4 -4** = <input type="text"/> x <input type="text"/> = 0.00																											
Multiple Dependent <input type="text"/> = <input type="text"/>																											
<table border="1" style="width:100%"><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td></tr><tr><td>1202 18</td><td>2202 9</td></tr><tr><td>1201 86</td><td>2201 43</td></tr><tr><td>1203 290</td><td>2203 145</td></tr><tr><td>1204 86</td><td>2204 43</td></tr><tr><td>1205 18</td><td>2205 9</td></tr></table>	Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1202 18	2202 9	1201 86	2201 43	1203 290	2203 145	1204 86	2204 43	1205 18	2205 9	<table border="1" style="width:100%"><tr><th>Fee Description</th><th>Fee Paid</th></tr><tr><td>Claims in excess of 20</td><td></td></tr><tr><td>Independent claims in excess of 3</td><td></td></tr><tr><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></table>	Fee Description	Fee Paid	Claims in excess of 20		Independent claims in excess of 3		Multiple dependent claim, if not paid		** Reissue independent claims over original patent		** Reissue claims in excess of 20 and over original patent	
Large Entity	Small Entity																										
Fee Code (\$)	Fee Code (\$)																										
1202 18	2202 9																										
1201 86	2201 43																										
1203 290	2203 145																										
1204 86	2204 43																										
1205 18	2205 9																										
Fee Description	Fee Paid																										
Claims in excess of 20																											
Independent claims in excess of 3																											
Multiple dependent claim, if not paid																											
** Reissue independent claims over original patent																											
** Reissue claims in excess of 20 and over original patent																											
SUBTOTAL (2) (\$) 0.00																											

Other fee (specify) 1814 Statutory Disclaimer	
110.00	

*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3) (\$) 110.00	

**or number previously paid, if greater; For Reissues, see above